

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/746490

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2			/				52		/				
3				/			53		/				
4				/			54		/				
5				/			55		/				
6				/			56		/				
7				/			57		/				
8				/			58		/				
9				/			59		/				
10				/			60	/					
11				/			61						
12				/			62						
13			/				63						
14			/				64						
15			/				65						
16			/				66						
17			/				67						
18			/				68						
19			/				69						
20			/				70						
21			/				71						
22			/				72						
23			/				73						
24			/				74						
25			/				75						
26			/				76						
27			/				77						
28			/				78						
29			/				79						
30			/				80						
31			/				81						
32			/				82						
33			/				83						
34			/				84						
35			/				85						
36			/				86						
37			/				87						
38			/				88						
39			/				89						
40			/				90						
41			/				91						
42			/				92						
43			/				93						
44			/				94						
45			/				95						
46			/				96						
47			/				97						
48			/				98						
49			/				99						
50			/				100						
TOTAL IND.							TOTAL IND.	6					
TOTAL DEP.							TOTAL DEP.	45					
TOTAL CLAIMS							TOTAL CLAIMS	51					